ProActive
Physical Therapy and Sports Medicine

FINANCIAL POLICY

In order to provide the best possible care and most effective treatments, this is the financial policy of ProActive Physical Therapy. This document is an agreement between ProActive Physical Therapy (PPT) and the Patient/Responsible Party signed on this form. **By executing this agreement, you are responsible for all medical bills and other charges that result from services rendered by PPT.**

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the provider and is not a substitute for payment. Regardless of insurance coverage, you are responsible for all balances incurred. Some insurance companies may pay fixed allowances for certain procedures, sometimes referring to these as "Reasonable and Customary Fees." We do not accept this as payment in full, unless otherwise restricted by law or contract agreement we may have with your insurance carrier(s). Many insurance companies pay only a percentage of the charge, leaving it your responsibility to pay any deductible amount, co-insurance amount, co-pays (due at each visit) and any other balance not covered by your insurance carrier(s). **As a courtesy**, our office may inform you of the benefits we were quoted by your insurance carrier(s); however, this is not a guarantee of your actual benefit plan or payment. If you have any further questions, please contact your insurance carrier(s).

We have calculated your ESTIMATED patient portion for each visit to be $_____. This is based off of the following information gathered from your insurance company:

Deductible: _____ Deductible Met: _____ Co-pay/Co-insurance: _____

Visit Limitations: _____ Authorization Required: No Yes: _____

INJURIES AT WORK: In the event it is determined by your industrial/Workman's Compensation insurance that the illness/injury is not **a** result of a compensated Workman's Compensation case, you will be responsible to pay usual and customary fees for services rendered**. If you do not have your information at this time, please get it to us within 48 hours.**

AUTO ACCIDENTS: Auto insurance claims will be billed to YOUR auto carrier, not to any other parties' auto carrier. If your auto PIP exhausts, which in many cases is true as you may have already been to the emergency room, had surgery, etc, we will bill your health insurance that you have provided. If you wish to not have your health insurance billed, you will be responsible for all charges**. If you do not have your information at this time, please get it to us within 48 hours.**

PERSONAL INJURY: If you are dealing with a lawsuit or claim, we require verification from your attorney, as well as a lien agreement that we may keep on file and a monthly payment plan. Please remember that, even if you have an attorney you are ultimately responsible for your bill and need to update our office on the status of your case frequently. **If you do not have your information at this time, please get it to us within 48 hours.**

PAST DUE ACCOUNTS: An account becomes past due 30 days after it becomes patient responsibility. Your balance will be communicated by statement every month. If your account becomes past due, we will take necessary steps in contacting you to collect this debt. If these attempts do not generate a response from you, your account could be subject to the following fees: Finance Charges (currently 1.5%), In House Collection Fees, Collection Agency fees and any Attorney fees.

RETURNED CHECKS: If your check is returned, your account will be charged an administrative fee (currently $25) plus any associated charges assessed to us by our bank for the handling of the returned item.

CANCELLATION / NO SHOW POLICY: At ProActive Physical Therapy, we want to provide you with the best possible care. Attending your scheduled appointments is a necessary part of the treatment process. **Appointments missed or cancelled with less than 24 hours notice are subject to a $25.00 cancellation fee. This fee must be paid before a new appointment can be scheduled.**

SELF PAY ACCOUNTS: If you do not have health insurance we do offer self pay plans. Self Pay payments are due at the time of service. Please speak to our Clinical Director for more information. If you are unable to provide us with your health insurance, worker's compensation insurance or personal injury insurance within 48 hours of your first visit, you may be turned over to a self pay account status. Even if you provide us with your insurance information after the initial 48 hour period we reserve the right to refuse to bill your insurance.

MONTHLY STATEMENT: If you have a balance on your account, we will send you a monthly statement. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable on or before the due date specified on the statement, and is past due if not paid on or before that date. **We do charge interest (1.5%) on all past due accounts; interest will begin accruing once the account becomes 90 days past due.**

My signing below indicates that I have read, understood and agree to abide by ProActive's Financial Policy and agree to all of the terms and conditions contained herein and acknowledge that the agreement will be in full effect. (If patient is under 18 years old, Parent/Guardian must sign where indicated below.)

Patient Signature: _____ Date: _____

Print Patient Name: _____

Responsible Party (if patient is a minor): _____

(Rev. 6/1/2013)